

# ADULT FORMER SIBLING STATEMENT TO RELEASE INFORMATION TO ADULT ADOPTEE

Michigan Family Independence Agency  
CENTRAL ADOPTION REGISTRY

- A new statement may be sent to the Central Adoption Registry any time to withdraw a previous consent or to withdraw a previous denial. Release of identifying information will be based on the most recent statement on file in the Central Adoption Registry.
- A sibling giving consent should send to the Central Adoption Registry a new statement if either his/her name or address changes.
- A separate form must be filled out for each sibling for whom you are giving consent/denial.
- Keep the yellow copy for your records.
- Send the White copy to the Central Adoption Registry address below:

MICHIGAN FAMILY INDEPENDENCE AGENCY  
CENTRAL ADOPTION REGISTRY  
PO BOX 30037  
LANSING MI 48909

I state that I am the biological ☐ **brother** ☐ **sister** of the child described below.

I hereby ☐ **give consent** ☐ **do not give consent** to the release of my name and address to this child when he/she is 18 years of age or older.

## CHILD INFORMATION:

Child's Full Name at Birth (Last, First, Middle)		Child's Birth Date (Month/Day/Year)
Child's City of Birth	Child's County of Birth	Child's State of Birth

## COMMON BIRTH PARENT INFORMATION (If known):

Current Name of Birth Mother (Last, First, Middle)	Birth Date (Month/Day/Year)
Name When Parental Rights Were Released or Terminated (Last, First, Middle)	
Name of Birth Father (Last, First, Middle)	Birth Date (Month/Day/Year)

## SIBLING INFORMATION:

My Current Name (Last, First, Middle)	Birth Date (Month/Day/Year)	Phone No. (      )	
Name at Time Parental Rights Were Released or Terminated, if Different (Last, First, Middle)			
Current Address (Street Number and Name)	City	State	Zip Code
Brother/Sister Signature			Date Signed

AUTHORITY: P.A. 288 of 1939, as amended, MCLA-710.27(5)  
COMPLETION: Voluntary.  
PENALTY: None

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

DISTRIBUTION: ORIGINAL - Michigan  
Family Independence Agency  
Central Adoption Registry  
P.O. Box 30037  
Lansing, Michigan 48909  
COPY - Sibling's File Copy

FOR OFFICE USE ONLY

Birth Date (Month/Day/Year)

Adoptee's Birth Name (Last, First, Middle)